

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	09/194297	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	1			
5	1			
6	1			
7	1			
8	1			
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48				
49				
50				
TOTAL IND.	2			
TOTAL DEP.	b			
TOTAL CLAIMS	9			

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IND.	DEP.	IND.	DEP.	IND.
51				
52				
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				